

# Exhibit 20

## 2001 ANNUAL REPORT CONTINUED

CORPORATE ID: 050370-0

<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REMOVE	<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME:	NAME: DR. HASSAN A.A. BAHAFZALLAH	
TITLE:	TITLE: VICE PRESIDENT/DIRECTOR	
ADDRESS:	ADDRESS: 360 S. WASHINGTON STREET, SUITE 300	
CITY/ST/ZIP:	CITY/ST/ZIP: FALLS CHURCH, VA 22046	
<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REMOVE	<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME:	NAME: DR. M. YAQUB MIRZA	
TITLE:	TITLE: SECRETARY/TREASURER/DIRECTOR	
ADDRESS:	ADDRESS: 555 GROVE STREET, SUITE 116	
CITY/ST/ZIP:	CITY/ST/ZIP: HERNDON, VA 20170	
<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REMOVE	<input type="checkbox"/> ADDITIONS/CHANGES ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME:	NAME:	
TITLE:	TITLE:	
ADDRESS:	ADDRESS:	
CITY/ST/ZIP:	CITY/ST/ZIP:	
<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REMOVE	<input type="checkbox"/> ADDITIONS/CHANGES ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME:	NAME:	
TITLE:	TITLE:	
ADDRESS:	ADDRESS:	
CITY/ST/ZIP:	CITY/ST/ZIP:	